

BAYSIDE NEWSLETTER ADVERTISING INTENT FORM

NAME OF BUSI	NESS:				
CONTACT PER	SON:				
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #: (_)		FAX #: ()	
EMAIL ADDRES	SS:				
Business Descri	ption:				
Size of Ad:					
	<u>March</u>	<u>June</u>	September	<u>December</u>	
1/16					
1/8					
1/4					
1/2					
I have read and u	nderstand the \	/illage of Baysi	ide's Newsletter Ad	vertising Guidelines.	
Signature			 Date		

Applications will continually be accepted, but will be fulfilled on a first come, first serve basis. Upon submitting, Village staff will contact your establishment within one week of receipt of this form. Please call (414) 351-8811 with questions.